

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	MOTION AND AUTHORIZATION/DENIAL	CASE NO. PETITION NO.
Court address		Court telephone no.

1. In the matter of
 (name(s), alias(es), DOB)

MOTION

2. The names and addresses of parents, guardians, or legal custodians are:

Father	Address
Mother	Address
Guardian/Legal custodian	Address

3. I request a ☐ transfer of this case to the formal calendar ☐ review. ☐ rehearing. ☐ adjournment.
☐ hearing regarding the agency's notice of intent to return the child home.
☐ review the initial services plan and/or custody or placement order.

State reasons below as appropriate

I declare that this motion has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature	Date	Agency/Address
Name (type or print)	City, state, and zip	Telephone no.

AUTHORIZATION/DENIAL

- ☐ 4. Transfer is authorized and hearing on the petition of _____ is set for
 _____ at _____ m. at _____.
 Date Time Location
- ☐ 5. ☐ Review ☐ Rehearing ☐ Adjournment ☐ Hearing on agency's intent to return child home is authorized and
 hearing is set for _____ at _____ m. at _____.
 Date Time Location
- ☐ 6. ☐ Transfer ☐ Review ☐ Rehearing ☐ Adjournment is denied.

Date	Judge/Referee	Bar no.
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